

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from SC Express

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 408 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Laura B. CanadyTelephone: 803-648-9977

Address: 153 Pendergast St. NW  
Aiken, SC 29801

Fax: 803-648-7574

Other: \_\_\_\_\_

Email: Laura@CLTExpress.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
DEC 21 2010  
CLT EXPRESS  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*John*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date:

12/17/10

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SC Express, LLC153 Revolution St. NW, Aiken SC 29801

Street Address of Applicant

Mailing Address of Applicant if different from street address

803-648-9977

Phone

803-648-7574

Fax

Louise@CLTExpress.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month December Year 2010

#### Assets:

Cash	N/A
Receivables	2000.00
Real Estate	N/A
Buildings and Equipment (Net)	Office Equipment : 10,000
Motor Vehicles (Net)	\$ 121,000.00
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	
Prepays and Other Assets	\$640.00
<b>Total Assets</b>	133640.00
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	<del>10,000.00</del>
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	4300 per wk. (17,200 mos)
Other Accrued Obligations <i>last</i>	1500 per mos.
Other Liabilities	N/A
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

**PROPOSED RATES AND CHARGES FOR SERVICE**Maximum Proposed Rates and Charges for Service are as follows:~~Sedan - 55 + 28% per hour (70.40)~~~~SUV - 65 + 28% per hour (83.20)~~~~Limo - 95 + 28% per hour (121.60)~~~~SUV Limo - 110 + 28% per hour (140.80)~~\$500 per hrCounties to be Served:~~Aiken~~~~Berkeley~~~~Lexington~~~~Richmond County~~~~Lowcountry~~~~Shenandoah~~State wide~~It is possible that we will go to other counties  
in the state per client request.~~Maximum Number of Passengers per Vehicle:~~Sedan 4~~~~Limo 10~~~~SUV 7~~~~SUV Limo 14~~15

**DESCRIPTION OF EQUIPMENT**

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
LINCOLN	2007 Town Car	639169	3800	4
LINCOLN	2007 Town Car	600789	3800	4
LINCOLN	2001 Town Car	720034	3800	4
LINCOLN	2001 Town Car	672244	3800	4
LINCOLN	2003 Town Car	643806	3800	4
LINCOLN	2004 Town Car	675364	3800	4
LINCOLN	2003 Town Car	678205	3800	4
Mercury	2008 Grand Marquis	601783	3800	4
LINCOLN	2003 Town Car	609614	3800	4
Ford	2003 Excursion	814596	6600	6
GMC	2005 Yukon	178519	6600	6
LINCOLN	2005 Stretch Limo	627023	7800	<del>8</del> 8
LINCOLN	2003 Stretch Limo	609811	7800	8
Ford	2006 Van	1A24958	5800	10

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

SC Express

Name of Motor Carrier

153 Rudotas St. NW Atlanta, SC 29801

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**Liability Insurance \$ 19,128Limits \$1,500,000 CSLThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Northland Insurance Company

Name of Insurance Company

P.O. Box 64816 St. Paul, MN 55164

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/17/10

Date

J. P. Wood

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the

**Exhibit FWA**

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Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF <sup>North</sup> SOUTH CAROLINA

COUNTY OF

Mecklenburg

Laura B. Ceready  
Applicant's Signature

I,

Laura B. Ceready

Name of Applicant's Representative

Owner

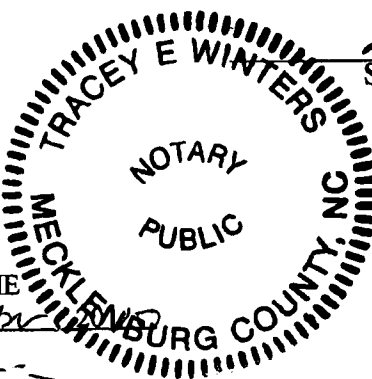
Title

of

SC Express, LLC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Laura B. Ceready  
Signature of Applicant's Representative



SWORN TO BEFORE ME  
This 17<sup>th</sup> day of December

Tracey E. Winters  
Notary Public

Commission Expires

Dec 1, 2013

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

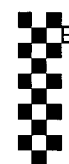
**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SC EXPRESS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 1st, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 28th day of October,  
2010

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State

The logo for CLT EXPRESS, featuring the letters "CLT" followed by a stylized arrow pointing right, and the word "EXPRESS" preceded by a stylized arrow pointing left.**FAX**

**To:** Public Service Commission and  
Office of Regulatory Staff

**From:** Laura Canady

**Fax:** 803-896-5199 and 803-737-0815

**Pages:** 12 including cover

**Address:**

**Phone:**

**Date:** 12/17/10

● **Comments:**

***I just faxed over a Class C Charter Application for SC Express, LLC. I need to make following for amendments to that application:***

- 1) Attached is an amended page 3 of 9***
- 2) I am including 9 of 9 which was omitted from my first fax***
- 3) I need to clear up a comment made on my fax cover sheet. Aiken Limousine has not been renamed SC Express Livery. Aiken Limousine will continue to operate under the certificate name Aiken Limousine and Transportation, Inc.***

***Please consider this a new application of for certificate for SC Express, LLC. If you have any questions please do not hesitate to call me.***

Laura B. Canady  
704-825-0666

**FAX**

**To:** Public Service Commission and  
Office of Regulatory Staff

**From:** Laura Canady

**Fax:** 803-896-5199 and 803-737-0815

**Pages:** 12 including cover

**Address:**

**Phone:**

**Date:** 12/17/10

**CC:**

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    **Please Reply**    ☐ **Please Recycle**

● **Comments:**

I have recently purchased a company in South Carolina it was known as Aiken Limousine I have renamed it SC Express Livery. Please let me know if there is anything else you need.

Have a great day.

Laura B. Canady  
SC Express

7319 W. Wilkinson Blvd – Belmont, NC 28012  
(Phone) 704-825-0666 (Fax) 704-829-1080  
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[CLTEXPRESS@CAROLINA.RR.COM](mailto:CLTEXPRESS@CAROLINA.RR.COM)